

471-000-517 Nebraska Medicaid Practitioner Fee Schedule For Physical Therapy and Occupational Therapy Services

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CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
00092507		TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL				\$35.46	\$14.78
00092610		EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION				\$68.95	\$42.47
00092611		MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING				\$68.95	
00097001		PHYSICAL THERAPY EVALUATION			X	\$63.04	
00097002		PHYSICAL THERAPY RE-EVALUATION			X	\$42.55	
00097003		OCCUPATIONAL THERAPY EVALUATION			X	\$63.04	
00097004		OCCUPATIONAL THERAPY RE-EVALUATION			X	\$42.55	
00097005		ATHLETIC TRAINING EVALUATION - NON COVERED MEDICAID SERVICE		NOT COVERED			
00097006		ATHLETIC TRAINING RE-EVALUATION - NON COVERED MEDICAID SERVICE		NOT COVERED			
00097010		APPLICATION HOT OR COLD PACKS		NOT COVERED			
00097012		PHYSICAL MEDICINE TREATMENT, TRACTION, MECHANICAL				\$17.73	
00097014		PHYSICAL MEDICINE TREATMENT ELECTRICAL STIMULATION (UNATTENDED)				\$13.79	
00097016		PHYSICAL MEDICINE TREATMENT, VASOPNEUMATIC DEVICES				\$17.73	
00097018		PHYSICAL MEDICINE TREATMENT, PARAFFIN BATH				\$11.82	
00097022		PHYSICAL MEDICINE TREATMENT WHIRLPOOL				\$17.73	
00097024		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, MICROWAVE)				\$11.82	
00097026		PHYSICAL MEDICINE TREATMENT INFRARED				\$7.88	
00097028		PHYSICAL MEDICINE TREATMENT ULTRAVIOLET				\$15.76	

						NON-FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
00097032		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION, EACH 15 MINUTES (PRICING ENTERED 7-25-95 WITH 4-1-95 EFFECTIVE DATE)				\$17.73	
00097033		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES (PRICING ENTERED 7-25-95 WITH 4-1-95 EFFECTIVE DATE)				\$19.70	
00097034		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES (PRICING ENTERED 7-25-95 WITH 4-1-95 EFFECTIVE DATE)				\$15.76	
00097035		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MIN. (PRICING ENTERED 7-25-95 WITH 4-1-95 EFFECTIVE DATE)				\$15.76	
00097036		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES (PRICING ENTERED 7-25-95 WITH 4-1-95 EFFECTIVE DATE)				\$21.67	
00097039		UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE) REQUIRES DESCRIPTION		REQUIRES DOCUMENTATION			
00097110		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MIN; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH, ENDURANCE & FLEXIBILITY				\$19.70	
00097112		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR AND/OR PROPRIOCEPTION FOR SITTING AND/OR STANDING ACTIVITIES				\$19.70	
00097113		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY W/THERAPEUTIC EXERCISES				\$17.73	
00097116		GAIT TRAINING (INCLUDES STAIR CLIMBING)				\$15.76	
00097124		THERAPEUTIC PROCEDURE, MASSAGE, INCLUDING EFFLEURAGE, PETRISSAGE AND/OR TAPOTEMENT (STROKING, COMPRESSION, PERCUSSION) 15 MINUTES				\$21.67	

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00097139		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; UNLISTED THERAPEUTIC PROCEDURE, SPECIFY, REQUIRES DESCRIPTION		REQUIRES DOCUMENTATION			
00097140		MANUAL THERAPY TECHNIQUES (EG. MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRG, MANUAL TRACTION)1 OR MORE REGIONS, EA 15 MINUTES				\$23.64	
00097150		THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)				\$19.70	
00097530		THERAPEUTIC ACTIVITIES, DIRECT (1 ON 1) PATIENT CONTACT BY PROVIDER (USEOF DYNAMIC ACT. TO IMP. FUNCT. PERF.)EACH 15 MIN.(DESC/TIME CH. 8-19-96)				\$19.70	
00097532		DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING, PROVIDER, EACH 15 MINUTES				\$37.03	
00097533		SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE CONTACT BY THE PROVIDER, EACH 15 MINUTES		NOT COVERED			
00097535		SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND CONTACT BY PROVIDER, EACH 15 MINUTES		NOT COVERED			
00097537		COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY MANAGEMENT, AVOCATIONAL ACTIVITIES AND/OR WORK ENVIRONMENT/MODIF		NOT COVERED			
00097542		WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MINUTES				\$29.55	
00097545		WORK HARDENING/CONDITIONING; INITIAL 2 HOURS NON COVERED SERVICE		NOT COVERED			
00097546		WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR NON COVERED SERVICE		NOT COVERED			
00097597		DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE...;PER SESSION, TOTAL WOUND SURFACE AREA; FIRST ON SQ CM OR LESS				\$43.73	\$21.77

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00097598		DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE DEBRIDEMENT WITH SCISSORS, SCALPEL AND FORCEPS), OPEN WOUND, (EG				\$55.55	\$30.33
00097602		REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-SELECTIVE DEBRIDEMENT, WITHOUT SESSION		NOT COVERED			
00097605		NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCT	X			\$19.70	\$14.45
00097606		NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCT				\$21.67	\$16.25
00097750		PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG. MUSCULOSKELETAL, ...WITH WRITTEN REPORT, EACH 15 MINUTES.				\$37.43	
00097755		ASSISTIVE TECHNOLOGY ASSESSMENT (EG, TO RESTORE, AUGMENT OR COMPENSATE FOR EXISTING FUNCTION, OPTIMIZE FUNCTNAL TSKS &/OR MAX ENV EACH 15 MIN.				\$19.70	
00097760		ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT...EACH 15 MINUTES				\$9.85	
00097761		PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES				\$18.91	
00097762		CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES				\$11.82	
00097799		UNLISTED PHYSICAL MEDICINE/REHABILITAION SERVICE OR PROCEDURE		REQUIRES DOCUMENTATION			
00097810		ACUPUNCTURE, ONE OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION, INITIAL 15		NOT COVERED			
00097811		ACUPUNCTURE, 1 OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION, EACH ADDITIONAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT, WITH		NOT COVERED			

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00097813		ACUPUNCTURE, 1 OR MORE NEEDLES; WITH ELECTRICAL STIMULATION, INITIAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT		NOT COVERED			
00097814		ACUPUNCTURE, 1 OR MORE NEEDLES; WITH ELECTRICAL STIMULATION, EACH ADDITIONAL 15 MINUTES OF PERSONAL ONE- ON-ONE CONTACT WITH THE PATIENT, WITH RE		NOT COVERED			